



FH  
[REDACTED]

**STATE OF WISCONSIN**  
**Division of Hearings and Appeals**

---

In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

MGE/149272

---

**PRELIMINARY RECITALS**

Pursuant to a petition filed May 7, 2013, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Milwaukee Enrollment Services in regard to Medical Assistance, a hearing was held on June 6, 2013, at Milwaukee, Wisconsin.

NOTE: This case was previously coded MQB/149272. The coding has been changed to more accurately reflect the case type and is now MGE/149272, as noted in the heading above.

The issue for determination is whether the Milwaukee Enrollment Services (the agency) correctly terminated Petitioner's healthcare benefits effective May 1, 2013.

There appeared at that time and place the following persons:

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]  
[REDACTED]  
[REDACTED]

Respondent:

Department of Health Services  
1 West Wilson Street  
Madison, Wisconsin 53703  
By: Katherine May, HSPC  
Milwaukee Enrollment Services  
1220 W. Vliet St.  
Milwaukee, WI 53205

**ADMINISTRATIVE LAW JUDGE:**

Mayumi M. Ishii  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Milwaukee County.

2. On April 15, 2013, the agency sent Petitioner a notice indicating that her Medicaid Benefits would be ending effective May 1, 2013, because her income is over the program limit. (Exhibit 4, pg. 15)
3. Petitioner filed a request for fair hearing that was received by the Division of Hearings and Appeals on May 7, 2013. (Exhibit 1)
4. Petitioner's sole source of income is from Social Security Disability Income, in the amount of \$815.00 per month. (Exhibit 4 pg. 16; Testimony of Petitioner)

### **DISCUSSION**

Social Security income is considered when determining eligibility for healthcare/Medicaid. *Medicaid Eligibility Handbook §15.4.10*. In determining eligibility there is a general deduction from reported income of \$20. *Medicaid Eligibility Handbook §15.3.8 General Income Disregard*. The medically needy income limit for a household of one is \$591.67. *Medicaid Eligibility Handbook §39.4.1 EBD Assets and Income Table*.

Petitioner did not dispute the fact that her monthly income is \$815.00 from Social Security Disability Income. If one subtracts the \$20 general deduction, from Petitioner's monthly Social Security Benefit, the result is \$795.00 in countable income. This is about \$200 over the income limit for Medicaid eligibility for a household of two.

However, a person can still qualify for Medicaid benefits, even if over the income limit, if the person meets a certain deductible. *Medicaid Eligibility Handbook §24.1*. According to Ms. May, if Petitioner incurs \$1398.00 in medical expenses, she will meet her deductible amount and qualify for Medicaid Benefits. Petitioner is encouraged to keep receipts for all her expenses and provide them to the agency to see if she meets the deductible amounts.

Petitioner should also note that because she is receiving Social Security Disability Income, she may be eligible for Medicare Part D coverage, which is prescription drug coverage. Petitioner is encouraged to contact the Social Security Administration to inquire about this.

### **CONCLUSIONS OF LAW**

The agency correctly terminated Petitioner's Medicaid benefits effective May 1, 2013.

**THEREFORE, it is**

**ORDERED**

That the Petition is dismissed.

### **REQUEST FOR A REHEARING**

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

### **APPEAL TO COURT**

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be served and filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Milwaukee,  
Wisconsin, this 26th day of June, 2013.

---

\sMayumi M. Ishii  
Administrative Law Judge  
Division of Hearings and Appeals



**State of Wisconsin\DIVISION OF HEARINGS AND APPEALS**

Wayne J. Wiedenhoeft, Acting Administrator  
Suite 201  
5005 University Avenue  
Madison, WI 53705-5400

Telephone: (608) 266-3096  
FAX: (608) 264-9885  
email: [DHAmail@wisconsin.gov](mailto:DHAmail@wisconsin.gov)  
Internet: <http://dha.state.wi.us>

The preceding decision was sent to the following parties on June 26, 2013.

Milwaukee Enrollment Services  
Division of Health Care Access and Accountability